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29153 7590 10/04/2005

ATI TECHNOLOGIES, INC.
C/O VEDDER PRICE KAUFMAN & KAMMHOLZ, P.C.
222 N.LASALLE STREET
CHICAGO, IL 60601

01/10/2006 KBETEMA2 00000040 500441 10633214

01 FC:1501 1400.00 DA
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Christine A. Wright	(Depositor's name)
<i>Christine A. Wright</i>	
(Signature)	
January 4, 2006	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/633,214	08/01/2003	Andrew Gruber	00100.02.0058	3243

TITLE OF INVENTION: METHOD AND APPARATUS FOR INTERPOLATING PIXEL PARAMETERS BASED ON A PLURALITY OF VERTEX VALUES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	01/04/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SAJOUS, WESNER	2676	345-606000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Vedder, Price, Kaufman
2 & Kammholz, P.C.
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ATI Technologies Inc.

Markham, Ontario, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0441 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Christopher J. Reckamp

Date January 4, 2006

Typed or printed name Christopher J. Reckamp

Registration No. 34,414

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